



Application for NVYO Membership

By signing below, I acknowledge that I have read the NVYO Bylaws and agree to act in accordance as long as I remain a voting member of NVYO.

I understand that by signing, I am not guaranteed NVYO voting membership but am applying to become a voting member of NVYO. The Board of Directors shall make decisions concerning voting membership applications and will share the outcome of the applications with NVYO members in a timely manner. Member rights and privileges shall be granted if the community member is approved by the Board of Directors.

Signature

Date

Printed Name

Phone

email address

work/cell phone

mailing address

city, state

zip